MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  -62-011216					
DO NOT WRITE AMENDED			Registration District No	!	
ON THIS STUB	AWENDED		1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residu		
vs 300	ااما	1 1	a COUNTY	dmission)	
Rev. 4/59	AMENDED			side Limits	
	ө	] ] ]		X No □	
1	¥		a Still NAME OF ME NOT is benefited.	ide on Farm	
2, 9,28	Z O L		TOSPITAL OR INSTITUTION 5519 CHARLOTTE STREET Yes X No D STREET S	XXv 🗆	
3-7			3. NAME OF DECEASED First Middle Last 4. DATE Month Day (Type or print) OF	Year	
4 0			SABIRT H MOTT DEATH FEBRUARY 26	1962	
4 0		{	Ataska Dave III	UNDER 24 HR	
5 /			MALE   WHITE   110/6/82   79   1   1	<u> </u>	
6	ا ا ا	] ] ]	10s. USUAL OCCUPATION (Give kind of work done 10s. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT		
	§		ACCOUNTANT    ACCOUNTANT   FEDERAL   RESERVE BANK   INDEPENDENCE, MO.   J., S. A	<u> </u>	
7 0	ACTO LOTE LOTE LOTE LOTE LOTE LOTE LOTE LO		JOHN S. MOTT SOPHIA ANNA SMITH RUTH A. MOTT		
8 🖈	-				
	<u> </u>		(Yes, ago, or unknown) [(If yes, give war or dates of service 551.9 UHARLUT	TE ST	
	¥	l⊨	INTERVAL	AL BETWEEN AND DEATH	
10	ا آیا \$	WE	IMMEDIATE CAUSE (a) AMOUNT MAN () () () ()		
11	EAD OF	OCUMENT	Control of the second		
1290-3	<u> </u>		Conditions, if any, ) DUE TO (b)		
	INSTEAL		which gave rise to above cause (a), stating the under-		
		<del> </del>	lying cause last. J DUE TO (c)	_	
	5		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PART III. If deceased was there a pregnancy in	female wa n last 90 days	
	<u> </u>	•	Yes No	Unknow	
	AMENDIMEN IS		19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of ite	em 18.)	
Z Z	Ywel		20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.		
BLACK INK OR RITER RIBBON			20d INITIPY OCCUPRED 20e PLACE OF INJURY (e.g., in or about home, 20f, CITY, TOWN, OR LOCATION COUNTY	STATE	
<u> </u>			NOT WHILE AT WORK		
Ĭ Ş D Œ	READ	]	21. I attended the deceased from		
USE BLAC OR IYPEWRITER	0		Death occurred at 6:00 P m on the date stated above, and to the best of my knowledge, from the causes	stated.	
USE	SHOULD	닎	TE 22a. SIGNATURE (Degree or title) 22b. ADDRESS 22c.	DATE SIGNED	
_ ₹	3	ΙĚ	ENUILIANT WILL Ormer 152 Moure Salle 2:	2762	
		FIDA	9 FMOVAV (Specify)	(State)	
	Q	AFFIL	BURIAL   0-1-02   WOODLAWN CEMETERY   INDEPENDENCE MISS	SOURI	
	ITEM	8Y A	D.W. NEWCOMER'S SONS KANSAS CITY, MO. 2-27.62  25. DATE RECD. BY LOCAL REG. 26. PROISTRAR'S SIGNATURE  26. PROISTRAR'S SIGNATURE  27. DATE RECD. BY LOCAL REG. 26. PROISTRAR'S SIGNATURE  28. DATE RECD. BY LOCAL REG. 26. PROISTRAR'S SIGNATURE		
	1_1	1 L-1	(Licensed Embalmer's Statement on Reverse Side)		

## STATEMENT BY LICENSED EMBALMER

or by	, Student Embalmer No
working under my personal supervision.	
StudentSignature of Student Embalmer	Signed Lavis Quet
Signature of Stodent Embanner	Licensed Embalmer No. 4096
	P. O. Address J. C. Mar.

with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply